

Outpatient Prospective Payment System (OPPS) Questions and Answers for Seminar held September 25, 2006



Web question: As Medicare publishes changes to the OPPS methodology, does Medicaid plan on issuing changes as Medicaid policy bulletins to providers?

Answer: MDCH will review Medicare's quarterly changes. If MDCH adopts Medicare's quarterly changes without modification, we will not issue a bulletin.

MDCH will only publish a bulletin and notify providers when we will not be following the Medicare changes.

Web question: If the multiple surgery payment rule is going to be used, how are inclusive procedures handled? Will modifier 59 be applicable?

Answer: You must refer to the CCI Editor and also note the following: if the second procedure is a component of the primary/parent procedure and if the CCI Editor lists a code ONE next to that code, and if there is documentation that the procedure was distinct and separate, then you can add modifier 59 to that code. For example, the patient had one procedure performed in the morning and developed complications causing the patient return in the evening for a second procedure.

However, certain CCI edits prohibit additional payment. If the second procedure code lists a ZERO in the CCI Editor, it is mutually exclusive and you can not be paid even if you add a modifier.

Modifier 59 does not impact the multiple surgery discounting rule.

Web question: What is a status code of AL for lab services?

Answer: This is only in the WinStrat APC software program and for seminar claim example demonstration only. This is not reported back to the provider.

A= Medicare Status Indicator (SI) for Fee Schedule and L = Lab
Another example is R = Rehab Fee Schedule.

The WinStrat APC software used to group the outpatient claims in the examples add an additional character to Medicare's pay status indicator (SI) A (Fee Schedule Item) to indicate which particular fee schedule by which the line is (OPPS/APC) priced.

Web question: Is the mandatory date for UB 04 based upon date of service or claim submission date?

Answer: Date of submission. MDCH's current implementation date for the UB 04 is May 23, 2007.

Web question: Will Medicaid be following Medicare's NCD rules? Will Medicaid follow Medicare guidelines for ABN requirements?

Answer: MDCH does not currently have editing in place to follow Medicare's NCD/LCDs (also referred to as LMRPs) because it is not included in the APC software/OCE editing package. MDCH intends for providers to follow Medicare's NCD/LCDs (LMRP) guidelines/requirements in conjunction with MDCH's wrap around code list to determine non-covered services and plans to monitor/review claims (e.g., post payment review).

Medicaid has published policy specific to non-covered services that states you may obtain an ABN from the beneficiary indicating that they have been notified that the service is non-covered. Please refer to the MDCH on-line Provider Manual, General Information for Providers Chapter, Section 9 – Billing Beneficiaries.

Web Question: What is the expectation of the Medicaid managed care payers? Will they be expected to reimburse at the APC level effective 04/01/07?

Answer: Yes. The Managed Care Payers will be expected to reimburse at the APC level effective 4/1/07.

Web question: Will MDCH offer any training classes for the billing staff to assist in working rejections?

Answer: MDCH will not be offering training for OPPS/APC billing as we are following Medicare billing guidelines unless published otherwise. Following implementation, Provider Support is available by calling (800) 292-2550 or e-mail ProviderSupport@michigan.gov with claim specific questions and/or if you need additional assistance with OPPS claim resolution. You may e-mail questions prior to OPPS implementation to: APCProject@michigan.gov.

Web question: Will the existing late filing policy continue?

Answer: Yes. Current late filing policy will continue. Impacted providers are encouraged to re-bill and clean up old claims as soon as possible. Rebill electronically whenever possible.

Web question: Currently Medicaid Outpatient does not allow for span of dates in Form Locator 6. Will this be changing with OPPS?

Answer: Yes. Under OPPS providers will follow Medicare billing guidelines and will be allowed to bill for span dates.

Web question: Will Medicaid follow Medicare guidelines for Hyperbaric Oxygen if we are currently billing as a series bill?

Answer: Yes.

Web question: The document shows an 835 response for B2B. Can I get the proprietary format instead?

Answer: B2B testing automatically generates an 835. If you currently receive the proprietary remittance advice, you should also receive the proprietary RA from your OPPS/B2B test file.

On site question: Will lab charges be required to be billed as Type of Bill (TOB) 014X for Medicaid for Reference lab patients?

Answer: Yes. This is a valid TOB (014X) for Medicaid OPPS.

Web question: Should modifier 59 be used if OT/PT is done the same day and same CPT code?

Answer: Yes, it is different modality such as PT & OT. The additional service must be documented. Follow the Medicare therapy guidelines and appropriate modifiers and then apply Modifier 59.

Web question: For therapy, would you bill 2 units on the same day when you have the same CPT code?

Answer: If the same CPT code is used on the same date of service you need to list it as two line items. The second line needs to have modifier 59 added and there must be proper documentation.